An Introduction to Adverse Childhood Experiences (ACEs) and Trauma Science
Agenda

• Welcome and Introductions
• Overview of the Investing in Community Resilience series
• Pre-Test Results
• Learning Objectives
• Presentation: An Introduction to Adverse Childhood Experiences (ACEs) and Trauma Science
• Thank You and Closing
• **Purpose:** To educate funders and Cooperative Extension professionals about ways they can advance the trauma-informed movement

• **Who?**
  - **Funders** have leverage and resources to move the needle on building trauma-informed organizations and communities
  - **Extension professionals** have tremendous reach in their communities to advance knowledge and adoption of trauma-informed principles
The Science of Adverse Childhood Experiences (ACEs), Trauma, and Trauma-Informed Practice

- **Webinar 1**: An Introduction to ACEs and Trauma
- **Webinar 2**: What is Trauma-Informed Practice?
- **Learning Circle 1**

Trauma-Informed Practice: Moving from Knowledge to Action

- **Webinar 3**: Trauma-Informed Practice in Action: Case Studies Across Sectors
- **Webinar 4**: Evaluating Trauma-Informed Practice
- **Learning Circle 2**

Expanding the Trauma-Informed Movement

- **Webinar 5**: Trauma-Informed Cross-Sector Networks
- **Webinar 6**: Advocacy and Broader Systems Change
- **Learning Circle 3**
## Investing in Community Resilience

**Design Team**

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverley Coberly, PhD</td>
<td>Chief Operating Officer eXtension Foundation</td>
</tr>
<tr>
<td>Caitlin O'Brien, MPH</td>
<td>Director of Learning and Community Impact Scattergood Foundation</td>
</tr>
<tr>
<td>Aaron Weibe</td>
<td>Communications and Engagement Manager eXtension Foundation</td>
</tr>
<tr>
<td>Angie Abbott, EdD, RDN, CD</td>
<td>Assistant Dean and Associate Director, HHS Extension Purdue University</td>
</tr>
<tr>
<td>Mark Skidmore, PhD</td>
<td>Director, North Central Regional Rural Development Center Michigan State University</td>
</tr>
<tr>
<td>Suzanne O'Connor</td>
<td>Partner, Early Learning and Trauma United Way of Greater Philadelphia and Southern New Jersey</td>
</tr>
<tr>
<td>Jane Stevens</td>
<td>Founder/Editor ACES Connection</td>
</tr>
<tr>
<td>Annie Hernandez, PhD</td>
<td>Co-Director, Conflict Transformation Fund Board Member, Grantmakers for Effective Organizations Board Member, Learning to Give</td>
</tr>
<tr>
<td>Melissa Sines, MPA</td>
<td>Programs and Knowledge Director PEAK Grantmaking</td>
</tr>
<tr>
<td>Clare Reidy, RN, MPH</td>
<td>Director of Collaborative Partnerships Health Federation of Philadelphia</td>
</tr>
<tr>
<td>Amanda Morris, PhD, IMH-E®</td>
<td>George Kaiser Family Foundation Chair in Child Development Regents Professor, Oklahoma State University Human Development &amp; Family Science Adjunct Professor, Laureate Institute for Brain Research (LIBR)</td>
</tr>
<tr>
<td>Karim A. Martinez, PhD, CFLE</td>
<td>Extension Family Life Specialist Department of Extension Family and Consumer Sciences College of Agricultural, Consumer and Environmental Sciences New Mexico State University</td>
</tr>
</tbody>
</table>
Prior Training

- Roughly half of respondents said they had prior training in:
  - The prevalence of childhood adversity and trauma
  - How trauma, ACEs, and toxic stress may affect the brain and body
  - Potential short-term and long-term effects of trauma, ACEs, and toxic stress

- Roughly one third of respondents said they had prior training in:
  - The ten types of ACEs recognized in the original ACE study
  - How to promote healing and resilience

- Roughly one in seven respondents said they had prior training in:
  - Additional ACEs and stressors that were not recognized in the original study
Knowledge and Attitudes

Adverse Childhood Experiences (ACEs) can happen to anyone. I am comfortable discussing trauma, toxic stress, and describing its potential impact. One’s ability to heal and bounce back from traumatic experiences is based on a combination of internal and external resources. Spreading the word about ACEs and trauma is important.

% Agree or Strongly Agree
Learning Objectives

By the end of this webinar, participants will be able to:

• Define key concepts related to the science of:
  • ACEs, trauma, toxic stress, and early life stress; and
  • Healing, resilience, and protective factors

• Explain how ACEs and trauma science is relevant to their work

• Describe the implications of ACEs and trauma science for individuals, families, organizations, communities, and systems
An Introduction to Adverse Childhood Experiences (ACEs) and Trauma Science

Series:
Investing in Community Resilience
Deploying Trauma-Informed Practice for Funders and Capacity Builders
An Engaged and Empowered Online Webinar Series
Donielle Prince, MS.Ed, Ph.D is the ACEs Connection Regional Community Facilitator for the San Francisco Bay Area. With a background as a therapist and community organizer, Donielle’s work focuses on supporting emerging ACEs initiatives using the ACEs connection organizing framework, Growing Resilient Communities (GRC).
About Us

Supporting communities to accelerate ACEs Science movement and solve our most intractable problems.

Who We Are

ACEs Connection is a social network that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health, and promotes trauma-informed and resilience-building practices and policies in all families, organization, systems and communities.
Five parts of ACEs & Resilience Science

- **Epidemiology** ACE study and expanded definitions of ACEs
- **Impact on the brain** toxic stress caused by ACEs impact children while they (and their brains) are developing
- **Impact on the body** health consequences of toxic stress (short & long term)
- **Epigenetics** generation-to-generation impact/historical trauma
- **Resilience** body can heal. Brain is plastic. Relationships & resources as resilience.
Epidemiology
A Definition of Trauma (SAMHSA)

Substance Abuse and Mental Health Services Administration

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

https://www.integration.samhsa.gov/clinical-practice/trauma-informed
Adverse Childhood Experiences Study (ACE Study)

In the 1990s, two doctors stumbled into what would become one of the most significant public health discoveries of a generation.
Original ACEs Study, published in 1998

**Adverse Childhood Experiences Study (ACE Study)**

Centers for Disease Control and Kaiser Permanente in San Diego, 17,300 adults

Tracked health outcomes based on childhood trauma

They all had jobs and great health care (median age 57 yr. old)

- 75% Caucasian
- 39% College graduate
- 36% Some college
ACEs Study

**ABUSE**
- Emotional: 11%
- Physical: 28%
- Sexual: 21%

**HOUSEHOLD CHALLENGES**
- Mother treated violently: 13%
- Substance abuse: 27%
- Mental illness: 19%
- Separation/divorce: 23%
- Incarcerated household member: 5%

**NEGLECT**
- Emotional: 15%
- Physical: 10%

Source: CDC website, ACE Study page
ACEs Prevalence-
Kaiser-CDC Study, 1998

How Common are ACES?

ACE Study

- 36% ZERO
- 26% ONE
- 16% TWO
- 9.5% THREE
- 12.5% FOUR OR MORE

Source: CDC website, ACE Study page
ACEs Prevalence-

How Common are ACEs?
ACE Score Prevalence for Participants Completing the ACE Module from the 2011-2014 BRFSS

- Zero: 38%
- One: 24%
- Two: 13%
- Three: 9%
- Four or More: 16%

Source: CDC website, ACE Study page
What are the Adverse Childhood Experiences?

1) Child physical abuse
2) Child sexual abuse
3) Child emotional abuse
4) Physical Neglect
5) Emotional Neglect
6) Mentally ill, depressed or suicidal person in the home
7) Drug addicted or alcoholic family member
8) Witnessing domestic violence against the mother
9) Loss of a parent to death or abandonment, including abandonment by divorce
10) Incarceration of any family member
ACE Study

- Direct link between childhood trauma and adult onset of chronic disease, as well as mental illness, social and economic problems

- About two-thirds of the adults in the study experienced **one or more types** of adverse childhood experiences. Of those, 87 percent had experienced 2 or more types. In other words, ACEs usually don’t happen in isolation.

- Dose-dependent outcomes: More adverse childhood experiences result in a higher risk of medical, mental, social and economic problems as an adult.
Neurobiology
Brief increases in heart rate, mild elevations in stress hormones

Serious, temporary stress responses, buffered by supportive relationships

Prolonged activation of stress response systems in the absence of protective relationships
What’s toxic stress?

The biological response to severe and/or repeated adversity absent buffering support from a caring and trusted adult.
Childhood Trauma & Health Risk

- Babies are not born with fully developed nervous systems.
- Exposure to toxic stress causes prolonged activation of stress response mechanisms.
- This condition disrupts the development of the brain and other organs.
- Long-term result is the increase in risk of stress-related disease and cognitive impairment.

Source: American Academy of Pediatrics (2014) *Adverse Childhood Experiences and the Lifelong Consequences of Trauma.*
Biological mechanisms underlying toxic stress

- Hyperarousal in response to stress, which leads to an excessive release of the hormone cortisol (Bellis et al, 2015)
- Weakened neural connections, resulting in increased levels of fear and anxiety in response to stress; (Bellis et al, 2015)
- Changes in genes via their chemical markers, predisposing to chronic inflammation along with a suppressed immune response (Nakazawa, 2015).


Impact of Toxic Stress on the Brain and Body

CRUCIAL PARTS OF THE BRAIN AFFECTED BY TOXIC STRESS

- **HYPOTHALAMUS**
  - Links the nervous system and the endocrine system

- ** PREFRONTAL CORTEX**
  - The part of the brain that processes information to make informed decisions; higher-level executive functioning, planning, decision-making center

- **AMYGDALA**
  - The part of the brain that processes emotions

- **HIPPOCAMPUS**
  - The part of the brain that stores memories

**Adverse Childhood Experiences**
- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

**Impact on Child Development**
- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

**Long-Term Consequences**
- **Disease and Disability**
  - Major Depression, Suicide, PTSD
  - Drug and Alcohol Abuse
  - Heart Disease
  - Cancer
  - Chronic Lung Disease
  - Sexually Transmitted Diseases
  - Intergenerational transmission of abuse

- **Social Problems**
  - Homelessness
  - Prostitution
  - Criminal Behavior
  - Unemployment
  - Parenting problems
  - High utilization of health and social services
  - Shortened Lifespan

CANarratives.org
# Autonomic Nervous System: Precision Regulation

**What To Look For**

<table>
<thead>
<tr>
<th>PRIMARY STATE</th>
<th>LEthargic</th>
<th>Calm</th>
<th>Active/Alert</th>
<th>Flight/Fight</th>
<th>Hyper Freeze</th>
<th>Hypo Freeze</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apathy, Depression</strong></td>
<td>Parasympathetic I (PNS I)</td>
<td>Parasympathetic II (PNS II)</td>
<td>Parasympathetic I (SNS I)</td>
<td>Sympathetic II (SNS II)</td>
<td>Sympathetic III (SNS III)</td>
<td>Parasympathetic III (PNS III)</td>
</tr>
<tr>
<td><strong>Safe, Clear Thinking, Social Engagement</strong></td>
<td>Safe</td>
<td>Calm</td>
<td>Active</td>
<td>Flight</td>
<td>Flight</td>
<td>Flight</td>
</tr>
<tr>
<td><strong>Alert, Ready to Act</strong></td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td><strong>React to Danger</strong></td>
<td>Tense</td>
<td>Tense</td>
<td>Tense</td>
<td>Tense</td>
<td>Tense</td>
<td>Tense</td>
</tr>
<tr>
<td><strong>Await Opportunity to Escape</strong></td>
<td>Right (deer in the headlights)</td>
<td>Right</td>
<td>Right</td>
<td>Right</td>
<td>Right</td>
<td>Right</td>
</tr>
<tr>
<td><strong>Prepare for Death</strong></td>
<td>Fissed</td>
<td>Fissed</td>
<td>Fissed</td>
<td>Fissed</td>
<td>Fissed</td>
<td>Fissed</td>
</tr>
<tr>
<td><strong>Extreme Overload</strong></td>
<td>Tachycardia (very fast)</td>
<td>Tachycardia (very fast)</td>
<td>Tachycardia (very fast)</td>
<td>Tachycardia (very fast)</td>
<td>Tachycardia (very fast)</td>
<td>Tachycardia (very fast)</td>
</tr>
<tr>
<td><em><em>Normal</em> Life</em>*</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
</tbody>
</table>

**Arousal**
- Too Low
- Low
- Moderate
- High

**Muscles**
- Sluggish
- Relaxed/toned
- Tensed
- Toned

**Heart Rate**
- Slow
- Resting
- Quickening
- Faster

**Blood Pressure**
- Likely low
- Normal
- Elevated
- Significantly high

**Pupils, Eye, Eye Lids**
- Pupils smaller, eyes moist, eye lids relaxed
- Pupils widening, eyes moist, eye lids tense
- Pupils very dilated, eyes dry, eye lids tense/raised
- Pupils very small or dilated, eyes very dry, lids very tense

**Skin Tone**
- Variable
- Red hue, despite skin color (blood flows to skin)
- Pale hue, despite skin color (blood flow to muscles)
- Noticeably pale

**Humidity**
- Dry
- Increased sweat
- Increased sweat, may be cold

**Hands and Feet**
- Warm
- Cold
- Extremes of cold & hot

**Emotions (Likely)**
- Grief, sadness, shame, disgust
- Calm, pleasure, love, sexual arousal
- Anger, shame, disgust, anxiety, excitement, sexual climate

**Contact with Self & Others**
- Withdrawn
- Probable
- Limited

**Frontal Cortex**
- May or may not be accessible
- Should be accessible
- Likely

**Recommended Intervention**
- Activate, Gently Increase Energy

*Observe client states: To modulate arousal with brakes. Adjust in yourself: To think clearly & prevent vicarious trauma & compassion fatigue.*


Our Stressed Brain: Amygdala and Hippocampus

• Anxiety, fear, and anger “live” in the amygdala

• Both the Amygdala and Hippocampus are associated with our emotions.

• They work together when a threat is sensed or experienced

• They send signals through our emotions, intended to protect us from that threat

• AKA: Fight, flight, or freeze response
When our Amygdala stays activated:

• When we are experiencing stress, or haven’t recovered from trauma, our amygdala stays activated.

• Our memory and ability to learn in the moment is compromised.

• We don’t feel safe.

• Our bodies suffer from an activation of the disease process, due to chronic activation of the amygdala.
When our Amygdala stays activated, this impacts:

• Concentration and Creative problem solving skills
• Body dysregulation (unable to calm down)
• Empathy
• Communications skills
Emotional Regulation

When there is no immediate threat, the goal is to be able to reconnect with your prefrontal cortex... to be able to calm your central nervous system.
Simple Steps to Support Emotional Regulation

- Breath/ Mindfulness
- Talking/Being heard
- Small steps
- Check ins
- Patience!
- Anticipate and calm fears related to your work
Impact on the Life Course
Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

- Adverse Childhood Experiences
- Disrupted Neurodevelopment
- Social, Emotional and Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death
- Intergenerational Transmission
- Epigenetic Mechanisms
- Deaths
- Conception

Slide Courtesy of Rob Anda, MD, MS
# Risk of health problems in people with ACEs

<table>
<thead>
<tr>
<th>Health problem</th>
<th>Risk among people with four ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Twice the risk of participants with no ACEs</td>
</tr>
<tr>
<td>Emphysema</td>
<td>4 times the risk of participants with no ACEs</td>
</tr>
<tr>
<td>Depression</td>
<td>4.6 times the risk of participants with no ACEs</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>7 times the risk of participants with no ACEs</td>
</tr>
</tbody>
</table>

ACE= Adverse Childhood Experience. Source: Adapted by Felitti et al (1998)
## Impact of ACE Score with 4 or more

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.3</strong> times more likely to use injectable drugs</td>
<td><strong>12.2</strong> times more likely to attempt suicide</td>
</tr>
<tr>
<td><strong>7.4</strong> times more likely to be an alcoholic</td>
<td><strong>5.13</strong> times more likely to suffer from depression</td>
</tr>
<tr>
<td><strong>3.3</strong> times more likely to engage in risky sexual behavior</td>
<td><strong>4.22</strong> times more likely to be diagnosed with dementia</td>
</tr>
<tr>
<td><strong>3.23</strong> times more likely to binge drink</td>
<td></td>
</tr>
<tr>
<td><strong>2.93</strong> times more likely to be a current smoker</td>
<td></td>
</tr>
</tbody>
</table>
ACEs & population attributable risks

- 52% disability days
- 52% domestic violence
- 67% life dissatisfaction
- 65% alcoholism
- 54% current depression
- 58% drug abuse
- 78% IV drug abuse
- 50% drug abuse
- 48% promiscuity
- 43% hopelessness
Cost of ACEs

**WHAT IS THE COST?**

The estimated average lifetime cost per victim of nonfatal child maltreatment includes:

- **$6,747** in criminal justice costs
- **$7,728** in child welfare costs
- **$7,999** in special education costs
- **$10,530** in adult medical costs
- **$32,648** in childhood health care costs
- **$144,360** in productivity losses

From CDC Press Release on the cost of child maltreatment, “Child abuse and neglect cost the United States $124 billion”:
http://www.cdc.gov/media/releases/2012/p0201_child_abuse.html
Early Adversity has Lasting Impacts

Adverse Childhood Experiences

- Traumatic Brain Injury
- Fractures
- Burns
- Depression
- Anxiety
- Suicide
- PTSD
- Unintended pregnancy
- Pregnancy complications
- Fetal death
- HIV
- STDs
- Cancer
- Diabetes
- Alcohol & Drug Abuse
- Unsafe Sex
- Risky Behaviors
- Chronic Disease
- Infectious Disease
- Mental Health
- Educational Opportunities

Source: CDC website, ACE Study page
Historical Trauma and Epigenetics
Racing ACEs
if it's not racially just, it's not trauma informed

Adverse Childhood Experiences*

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviours
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences

Historical Trauma

- Early Death/Quality Life Losses for POC
- Burden of Disease for POC
- Allostatic Load, Disrupted Neurological Development, White Fragility, Grief & Rage of POC
- Social Identity Threat, Micro and Macro Aggressions, Complex Traumas, ACEs
- Structural Racism, White Supremacy, Social Devaluation of People of Color
- Intergenerational Transmission of Trauma

Trauma and Social Location

RYSE works to ensure primacy of the priorities, needs, and interests of young people of color across all practices, policies, approaches, investments, and relationships.

- We lead with love and sacred rage
- We prioritize people over programs
- We acknowledge injustice and harm
- We take risks
- We stop to acknowledge loss and grief
- We encourage self-care
- We practice collective healing
- We honor resilience and resistance
- We celebrate and have fun

“Racism is (whites’) massive experience of cognitive dissonance.” - Dr. Joy DeGruy

Trauma is historical, structural, and political.
The science has finally caught up.
Impacts of trauma are embodied across generations.
Differentiated response:
- White communities are validated, empathized, resourced, restored.
- Communities of color are shamed, questioned, ignored, stigmatized, criminalized.
What is Epigenetics?

- Molecular modifications to gene activity that do not involve changes to the underlying DNA sequence.
- Environmental influences, including stress, can induce these epigenetic variations.
- Known as "epigenetic pathways", these variations influence altered gene expression levels in multiple tissues, including the brain.
- Impacts functioning and connectivity of neural circuits.
- **Leads to risk for later life physical and psychiatric disorder.**

**Citation:** Monk, Spicer, and Champagne “Linking Prenatal Maternal Adversity to Developmental Outcomes in Infants: The Role of Epigenetic Pathways” Dev Psychopathol. 2012 November; 24(4): 1361–1376.
Effects of Toxic Stress

Your DNA isn’t your destiny

The science of epigenetics reveals how the choices you make can change your genes – and those of your kids.
Knowing about ACEs changes what people believe about themselves.

- They are not “bad”.
- They weren’t responsible for the things that happened to them when they were children.
- They coped appropriately, given that they were offered no other ways – it kept them alive.
- They can change their behaviors and experience different outcomes.
Healing and Resilience
Trauma can lead to either psychopathology or resilience. What makes the difference?

<table>
<thead>
<tr>
<th>Psychological Impacts</th>
<th>Health Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Cardiovascular</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Endocrine</td>
</tr>
<tr>
<td>Psychiatric Disorders</td>
<td>Everything</td>
</tr>
</tbody>
</table>
“Profound Interactional Shift”

In 1989 “Our program director (Joe Foderaro) said it best when he observed that we (the Sanctuary program) had stopped asking the fundamental question:

“What’s wrong with you” and changed it to “What has happened to you?”

Things Make Sense

“We found that the more we conveyed this understanding to our patients, the easier the work became because they were able to collaborate in their own care much more effectively. As they did so, they became much less dependent on us, more able to help themselves and each other because they shared a common language, a common experience, and understanding grounded in that experience. Until they had a way of understanding what was happening to them, they remained in a state of helpless panic, mired in the self-doubt and despair”

Healing looks like…

• Power

• Choice

• Collaboration (Respect)

• Safety

• Trust
Mitigating ACEs/Stress

- Safe and Supportive Relationships
- Exercise
- Adequate Sleep
- Healthy Environments
- Mindfulness
- Nutritious Food
- Mental Health Support
Protective Factors: Evidence based resilience

Center for the Study of Social Policy (CSSP)
https://cssp.org/our-work/project/strengthening-families/
Definition of Resilience

Resilience is the adaptive characteristics of an individual or community to cope with and recover from adversity.
Goals of Resilience

Promote well being after adversity... including strengthening environments to be resilient in advance of adversity
What does psychosocial health look like in resilient **individuals**?

- Ability to withstand stress
- Ability to interpret the environment
- Restoration of functioning
- Ability to avoid future traumatic events (protective environment)
What does psychosocial health look like in resilient communities?

- Evidence of community wellness is measurable physical and mental health outcomes
- Adaptive capacity to intervene in disturbance/adversity and move forward
Building Resilience

The most common factor for children who develop resilience is at least one stable & committed relationship with an adult. Even in adulthood, relationships heal.

• This can be a teacher, coach or other school personnel
• Nurturing and positive relationship with an adult who sees their strengths
• A relationship as brief as one school year can make a dramatic lasting impact
Socio-Ecological Levels
Socio-Ecological Modelling of ACEs

What are some impacts and Interventions at the individual, family, organizational, community, and systems levels?
Interacting Layers of Trauma and Healing

**Dehumanization and Distress**
- Nation Building by Enslavement, Genocide, Colonization & Imperialism, Economic Exploitation, Displacement, Cultural Hegemony, White Supremacy
- Systemic Subjugation of POC by Interacting Policies & Systems: War on Drugs, Mass Incarceration, Segregation (de jure and de facto), Anti-Immigrant Policies, Climate Violence, Media Assaults, Displacement & Redlining
- Atmospheric Distress that includes Interpersonal, Family, Community Violence & Exposure; Sexual Exploitation, Lack of Safe Passage & Safe Spaces, Underinvestment, Oversurveillance
- Embodiment and Expression of Distress through Personal Traumatic Experiences; Bullying, Family Systems Stressors, ACEs, Shame and Blame, Generational Transmission

**History, Legacy & Structure**

**Systems & Institutions**

**Community & Place**

**Individual & Interpersonal**

**Liberation and Healing**
- Collective Liberation by Truth & Reconciliation, Reparations, Redistribution, Open Borders/No Borders, Multi-racial Solidarity, (Re)imagined Social Compact
- Lead with Love and Justice by Healing-Centered & Restorative Practices, Listening Campaigns, Collective Care, Adaptive, Responsive, and Proximate, Power-sharing (Nothing about us without us)
- Build Beloved Community by Radical Inquiry, Popular Education and Culture Building, Celebration and Affirmation; Healing Spaces, Arts & Expression, Base & Power-Building
- Honor Resilience and Fortitude by Listening & Validating, Processing/Integrating Personal Traumatic Experiences, Family Healing, Tailored Supports & Opportunities, Loving Connections & Structure

RYSE, 2017
Thank you
Resources

- **ACEsConnection.com** – A social network for people who are implementing – or thinking about implementing – trauma-informed and resilience-building practices based on ACEs research.
- **ACEsTooHigh.com** – A news site for the general public. It covers research about ACEs and how people, organizations, agencies and communities are implementing trauma-informed, resilience-building practices based on ACEs research.
- **The CDC-Kaiser Permanente ACE Study** – The official ACE Study site, provided by the CDC.
- **The Center on the Developing Child at Harvard University** – Here, take a deep dive into a site rich with reports, tools and videos about the neurobiology of toxic stress and resilience.
- **SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach** – Introduces a concept of trauma and offers a framework for how an organization, system, or service sector can become trauma-informed. Includes a definition of trauma (the three "E's"), a definition of a trauma-informed approach (the four "R's"), 6 key principles, and 10 implementation domains.
- **Building Community Resilience Collaborative** – a national collaborative and network that seeks to improve the health of children, families and communities by fostering engagement between grassroots community services and public and private systems.
- **Strategies 2.0’s Building Community Resilience Toolkit**
- **Prevention Institute’s Adverse Community Experiences and Resilience**
- **Community Resilience Model** – The primary focus of this skills-based, stabilization program is to reset the natural balance of the nervous system.
Please take a moment to take our short post-test.

This will help us understand the impact of this webinar and to plan for the future of the series.
WEBINAR 2: What is Trauma-Informed Practice?

DATE: Wednesday, April 15th

TIME: 3-4pm ET
  • 12noon-1pm PT, 1-2pm MT, 2-3pm CT

More information to come
Thank You

If you have any questions, please contact:

Caitlin O’Brien, MPH
Director of Learning and Community Impact
Scattergood Foundation
cobrien@scattergoodfoundation.org

Beverly Coberly, PhD
Chief Operating Officer
eXtension Foundation
beverlycoberly@extension.org

Aaron Weibe
Communications and Engagement Manager
eXtension Foundation
aaronweibe@eXtension.org